

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006491

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** CABOT TRAFALGAR/AVION 1 LLC

**Current Principal Place of Business:**

C/O NATIONAL COPORATE RESEARCH, LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, D3 19901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NATIONAL COPORATE RESEARCH, LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, D3 19901

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JACK & RALPHA J. CROUSE FAMILY TRUST  
**Address:** 8000 COTTONWOOD LANE  
**City-St-Zip:** SACRAMENTO, CA 95828

**Title:** MGRM  
**Name:** TIMOTHY, KROLL  
**Address:** 55 FIFTH AVENUE 13TH FLOOR  
**City-St-Zip:** NEW YORK, NY 10003 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY KROLL                      MGRM                      04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date